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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3560

CERTIFICATE OF DEATH

82

Reg. Dist. No. 195

1. PLACE OF DEATH: COUNTY Howard — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Savage
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Savage
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Clarence (Middle) Wesley (Last) Catington

4. DATE OF DEATH (Month) Jan. (Day) 26 (Year) 1949

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M

8. DATE OF BIRTH Nov 11, 1890

9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist

10b. KIND OF BUSINESS OR INDUSTRY Textile

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Catington

14. MOTHER'S MAIDEN NAME Drusilla Davidson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. —

17. INFORMANT Jas. D. Catington (Son)

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Myocardial Insuf.	6 wks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bulbar Paralysis	8 yrs.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	✓	

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) No.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1949, to Jan 26, 1949, that I last saw the deceased alive on Jan 25, 1949, and that death occurred at 7 a.m., from the causes and on the date stated above.

SIGNATURE Frank Shipley (Degree or title) M.D. ADDRESS Savage, Md. DATE SIGNED 1/27/49

23. BURIAL, CREMATION, REMOVAL (Specify) B
DATE THEREOF 1/28/49
NAME OF CEMETERY OR CREMATORY Savage
LOCATION (City, town, or county) Savage, (State) Md.

DATE REC'D BY LOCAL REG. 1/27/49
REGISTRAR'S SIGNATURE Frank Shipley

24. FUNERAL DIRECTOR DeWitt Donaldson ADDRESS Laurel, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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FEB 1 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

EVIDENCE FOR CHANGES ITEM # 18 13 ON:
NO. G 119 MAR 10 1949

0565

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

260
61

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) near Guilford
LENGTH OF STAY (in this place) 74 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) near Guilford
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Augustus (Last) Dorsey

4. DATE OF DEATH (Month) 1 (Day) 20 (Year) 1949

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH Feb 21, 1874

9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles W. Dorsey

14. MOTHER'S MAIDEN NAME Mary Grafton Penny

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT Mrs Louise E. Dorsey

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	~~(a)~~ (a) Cerebral Hemorrhage	36 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	~~(b)~~ (b) Hypertension; (d) Diabetes [3/9/49 akc]	5 yrs.
	~~(c)~~ (c) Chr. Nephritis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-20-, 1949, to 1-20-, 1949, that I last saw the deceased alive on 1-20-, 1949, and that death occurred at 8 55 P m., from the causes and on the date stated above.

SIGNATURE B. Warren (Degree or title) MD ADDRESS Laurel Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Jan. 23 1949
NAME OF CEMETERY OR CREMATORY Christ Church Cemetery
LOCATION (City, town, or county) (State) Guilford, Maryland

DATE REC'D BY LOCAL REG. 1/22/49
REGISTRAR'S SIGNATURE Frank Shipley

24. FUNERAL DIRECTOR ADDRESS De Witt Donaldson, Laurel Md.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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93d

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County Howard

City or town Elkridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 60 yrs

Hospital, institution, or street address where death occurred:
5726 Old Wash Rd

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County

City or town Elkridge Md
(If outside city or town limits, write RURAL and give nearest town)

Street No. 5726 Old Washington Rd
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Jane Virginia Gill

3. (b) Social Security Number none

4. Sex Female

5. Color or race White

6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Thomas L. Gill

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) June 15 1860

8. AGE: Years 88 Months 7 Days 7 If less than one day ... hrs. ... min.

9. Birthplace Falston, Harford Co Md
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Housewife

FATHER 12. Name Robt McClosky

13. Birthplace Ireland

MOTHER 14. Maiden name Mary Kearney

15. Birthplace Ireland

16. Informant Mrs L. T. Gill

Address 1327 Sulphur Sp Rd Halethorpe Md

17. Burial Date thereof 1/25/49
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St Augustines Cem.

Location Elkridge Md

18. Funeral director John J. Cowan & Son

Address 901 Hollins St

19. 1-24 19 49 A. W. Hedrick
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 1949, at 11 10 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1948, to Jan 22 1949

and that I last saw her alive on Jan 21 1949

Immediate cause of death Myocardial Insufficiency — DURATION 2 mo

Due to General Arteriosclerosis — 10 yrs

Due to Senility — 10 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. B. Brumbaugh M. D. or other

Address 5609 Main St Elkridge 27 Md Date signed 1/23/49

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Savage
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Savage
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Cora (Middle) B. (Last) Lee

4. DATE OF DEATH (Month) January (Day) 6 (Year) 1949

5. SEX F.

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH July 17, 1872

9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Philip Thomas Hammond

14. MOTHER'S MAIDEN NAME Harvat Ann Kirby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Robert E. Lee

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) General Carcinomatosis	4 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ✓	
	(c) Carcinoma of Breast	3 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	✓	

19a. DATE OF OPERATION 1946.

19b. MAJOR FINDINGS OF OPERATION Carcinoma of Breast

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1/46 19......, to 1/6/49 19......, that I last saw the deceased alive on 1/6/49, 19......, and that death occurred at 7a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank Shipley, M.D. ADDRESS Savage, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE January 8, 1949
NAME OF CEMETERY OR CREMATORY Savage Cemetery
LOCATION (City, town, or county) Savage (State) Maryland

DATE REC'D BY LOCAL REG. 1/7/49
REGISTRAR'S SIGNATURE Frank Shipley

24. FUNERAL DIRECTOR De Witt Donaldson ADDRESS Laurel, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH: COUNTY Howard. Maryland. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, Savage, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. ~~200~~11th. St. Laurel, COUNTY Prince George.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 200 11th. St. Laurel, Md.
STREET ADDRESS (If rural give location)

✓

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Thomas (Last) Mc Kenna

4. DATE OF DEATH (Month) Jan. (Day) 9 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify)

8. DATE OF BIRTH Oct. 26, 1923

9. AGE last birthday 25 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boiler Maker.

10b. KIND OF BUSINESS OR INDUSTRY Boiler Making.

11. BIRTHPLACE (State or foreign country) North Charleroi, Pa.

12. CITIZEN OF WHAT COUNTRY? America.

13. FATHER'S NAME James B. Mc Kenna

14. MOTHER'S MAIDEN NAME Anna Sailer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT James B. Mc Kenna, (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture of cervical vertebras

INTERVAL BETWEEN ONSET AND DEATH Immediate

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street (CITY OR TOWN) Jessups (COUNTY) Howard (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 9, 1949 12²⁰ A m.

INJURY OCCURRED While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR? auto accident

22. I hereby certify that I attended the deceased from Jan 9, 1949, to Jan 9, 1949, that I last saw the deceased alive on at no time, 19....., and that death occurred at 12²⁰ A m., from the causes and on the date stated above.

SIGNATURE Apha N Herbert M.D. (Degree or title) ADDRESS Ellicott City Md DATE SIGNED 1-9-49

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

23. BURIAL, CREMATION, REMOVAL. (Specify) Burial DATE Jan 12 1949 NAME OF CEMETERY OR CREMATORY St Mary's Cemetery LOCATION (City, town, or county) Laurel, (State) Maryland

DATE REC'D BY LOCAL REG. 1/11/49 REGISTRAR'S SIGNATURE Mark Shipley

24. FUNERAL DIRECTOR De Witt Donaldson, ADDRESS Laurel Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 17 1949
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Howard

City or town Elkridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 22 yrs

Hospital, institution, or street address where death occurred:
6106 Old Wash. Blvd

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Howard

City or town Elkridge
(If outside city or town limits, write RURAL and give nearest town)

Street No. 6106 Old Wash Rd.
(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME Stephen Owen

3. (b) Social Security Number 212-01-0458

4. Sex Male

5. Color or race White

6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Sophie Baldwin Owen

6.(c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Apr 18 1881

8. AGE: Years 67 Months 9 Days 2 If less than one day ... hrs. ... min.

9. Birthplace England
(Town, county, and state)

10. Usual occupation Lens Grinder

11. Industry or business F.W. McAllister Co

FATHER 12. Name George Owen

13. Birthplace England

MOTHER 14. Maiden name Elizabeth Ann Thomas

15. Birthplace England

16. Informant Mrs Sophie B Owen (wife)

Address 6106 Old Wash Rd Elkridge 27 Md

17. Burial Date thereof Jan 24th 1949
(Burial, ~~cremation, or removal. Which?~~) (month) (day) (year)

Cemetery or ~~crematory~~ Grace Episcopal Church Cemetery

Location Elkridge Md.

18. Funeral director William Cook Inc.

Address 1217 St. Paul St. Balt. 2 Md.

19. January 22 1949
(Date rec'd by registrar)

R. W. Rottelich
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 1949, at 10 40 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 15 1948, to Jan 20 1949

and that I last saw h~~er~~ alive on Aug 20 1949

Immediate cause of death	DURATION
Carcinoma of Stomach c̄ General Carcinomatosis	6 Mo.
Due to Secondary anemia Hemorrhage in Stomach	6 mo
Due to Myocardial Insuff.	1 Mo.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma of Stomach c̄ Metastasis to liver Date of op. Aug 14/48

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur?
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE
M. D. ~~or other~~

Address 5669 Main St Elkridge 27 Md Date signed 1/20/49

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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Reg. Dist. No. 193

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Florence
LENGTH OF STAY (In this place) 45 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Florence
STREET ADDRESS (If rural give location) Rural--Woodbine

3. NAME OF DECEASED (Type or Print) (First) ELLA (Middle) MAE (Last) POOLE

4. DATE OF DEATH (Month) Jan. (Day) 27 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Jan. 27,1863

9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Frederick S. Duvall

14. MOTHER'S MAIDEN NAME Amanilla Dell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Arthur S. Poole

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Senility, due to	2 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) advanced arterio sclerosis	? yrs
	b' - Hemiplegia	8 da
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1946, to Jan. 27, 1949, that I last saw the deceased alive on Jan. 26, 1949, and that death occurred at 12;15P.m., from the causes and on the date stated above.

SIGNATURE J Stanley Grabill (Degree or title) M.D. ADDRESS Mt. Airy - Md. DATE SIGNED 1/27/49

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE 1-29-49
NAME OF CEMETERY ~~OR CREMATORY~~ Jennings Chapel
LOCATION (City, town, or county) Florence (State) Md.

DATE REC'D BY LOCAL REG. Jan-27-49
REGISTRAR'S SIGNATURE E. Pearl Mercier

24. FUNERAL DIRECTOR C. M. Waltz, ADDRESS Winfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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6 119 MAR 10 1949

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. [redacted]

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ROSE MARIE MATTHEWS WILSON

2. DATE OF DEATH January 12, 1949

3. PLACE OF DEATH:
A. ~~Baltimore City,~~ Maryland Howard County
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ellicott City, Weber's Hill
C. Length of stay in ~~Baltimore~~ Ellicott City Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY Howard
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ellicott City
D. STREET ADDRESS (If rural, give location) Weber's Hill

5. SEX female
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH July 21, 1946
9. AGE (In years last birthday) 2 — If Under 1 Year: Months Days — If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ellicott City, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Walter Wilson
14. MOTHER'S MAIDEN NAME Sarah Matthews

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Sarah Matthews ADDRESS Weber's Hill, Ellicott Cit

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Hemorrhage
DUE TO
(B) Rupture of liver
DUE TO
(C)

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ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Weber's Hill, Ellicott City
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 12, 1949 m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? Undetermined. Child apparently all right, was left at home with other children and was dead when mother returned

22. *I certify that I took charge of the remains described above, held an* autopsy 13/1/49 9 am *thereon and from* (Autopsy, Inspection or Inquiry) *the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE M.D.
23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED January 13, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 1-14-48
24C. NAME OF CEMETERY OR CREMATORY St Stephens
24D. LOCATION (City, town, or county) (State) Elkridge Howard County Md.

DATE RECEIVED BY LOCAL REGISTRAR JAN 13 1949
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR F. C. Higinbothom ADDRESS Ellicott City, Md

VS 151

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15